

83493950

Use only of type with ELITE type 112 characters per inch

GENERATOR NAME AND MAILING ADDRESS

26 E. Bayview Ave.
BIRMINGHAM, AL

AREA CODE/PHONE NUMBER

205/981-0891 Bill Ramsey

TRANSPORTER NO

OVERSEAS CHEMICAL CORP.
2501 E. VETERAN RD.
WICHITA, LA 70792

VEH/CONTAINER NO

EPA ID NUMBER

00042507 GAD042245001

TRANSPORTER NO 2/ALTERNATE TSD FILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OVERSEAS CHEMICAL CORP.

AREA CODE/ ONE NUMBER

205/981-0891

GAD042245001

PRO U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA NUMBER

TOTAL QUANTITY

UNIT WT/VOL

CONTAINER NO TYPE

WASTE DISP CAT NO METH

HAZARDOUS WASTE LIQUID N.O.S. - CORP
R-II

NA 9189

1700 P

PL 21101

COMPONENTS

CO C RANGE PER OWER

UNITS

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above named waste is properly classified, described, packaged, marked, and labeled and in proper condition for transportation according to the applicable requirements of the Department of Transportation and the

Printed or typed full name and signature

ALICE E. JACKETT SECTY. - TREAS.

Alice E. Jackett

Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

Dr. D. B. Hines

DATE REC'D

ACCEPTED

DAY

YR

MO

DAY

YR

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. (Note: TSD must complete waste number. See instructions.)

AND NAME R

DATE REC'D

ED & A

ED

MO

DA

R

Printed or typed full name and signature

GAD042245001

GENERATOR SENDS THIS COPY TO DQHS WITHIN 15 DAYS

83-57857

Revised Manifest Summary Report

PMI
PMI

Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
		83493950		1700	LBS		OUT		

Total Records: 1

Default Volume: 0

Total Waste Volume: 0

Recycle material
back to customer.

July 2, 1986

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CCA IX 101 001 07 17 42 10	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address PMI Mike Gregeau 328 El Bonito, Glendale, CA		8. US EPA ID Number CA P 00 P 0 77 420		A. State Manifest Document Number 86534490	
4. Generator's Phone (213) 386-6881				B. State Generator's ID CAX000077420	
5. Transporter 1 Company Name PMI		8. US EPA ID Number		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213/698-099	
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number ICIA D014 22 4 50 01		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CAD042245001	
				H. Facility's Phone 213/698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste Liquid N.O.S. ORM-E NA9189 (R-11)		603	DM		P
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name MIKE FEEGFAN		Signature <i>Mike Gregeau</i>		Month Day Year 07/02/86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Mike Gregeau</i>		Month Day Year 07/02/86	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
19. Discrepancy Indication Space Received 5/14					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name John HALL		Signature <i>John Hall</i>		Month Day Year 07/02/86	

DHS 8022 A (11/85)
(EPA 8700-22)

Blue: GENERATOR SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To: P.O. Box 400, Sacramento, CA 95802

Please print or type (with GUTS type) (12 characters per inch)

GENERATOR NAME AND MAILING ADDRESS ENI 26 E. BOUTER AVE. GLENNDALE, CA.		EPA ID NUMBER	
AREA CODE/PHONE NUMBER 213/385-6881 <i>Paul Romero</i>			
TRANSPORTER NO 1 OMEGA CHEMICAL CORP. 7501 E. BOUTER AVE. GLENNDALE, CA. 91201	VEH/CONTAINER NO	EPA ID NUMBER	
	00042507	GAD042245001	
TRANSPORTER NO 2/ALTERNATE TSD FACILITY	VEH/CONTAINER NO	EPA ID NUMBER	
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OMEGA CHEMICAL CORP.		EPA ID NUMBER	
AREA CODE/PHONE NUMBER 213/385-6881		GAD042245001	
PROPER U.S. DOT SHIPING NAME AND HAZARD CLASS	UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL
HAZARDOUS WASTE LIQUID N.O.S.	NA9189	1700	P
R-11			
COMPONENTS		CONC. RANGE UPPER	LOWER
SPECIAL HANDLING INSTRUCTIONS			
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.			
Printed or typed full name and signature ALICE E. JACKETT, SECTY. - TREAS. <i>Alice E. Jackett</i>		MO	DAY
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets			
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES		DATE REC'D & ACCEPTED	MO DAY YR
<i>David D. Hahn</i> <i>Alvin</i> <i>8/1/08</i>		06	28 08
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES		DATE REC'D & ACCEPTED	MO DAY YR
Printed or typed full name and signature			
DISCREPANCY INDICATION SPACE			
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.			
EPA ID NUMBER		DATE RECEIVED & ACCEPTED	
GAD042245001		MO	DAY
Printed or typed full name and signature			

GENERATOR SENDS THIS COPY TO DOTS WITHIN 15 DAYS

10/06/2008